Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/613,662 TRANSMITTAL Filing Date July 2, 2003 First Named Inventor **FORM** Rimback et al. Art Unit 3634 **Examiner Name** Robert W. Gibson (to be used for all correspondence after initial filing) Attorney Docket Number 483345-538 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a **Proprietary Information** After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Return Postcard; Check Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) The Commissioner is hereby authorized to charge any additional fees required Reply to Missing Parts/ (including the fee for any extension of time), or to credit any overpayment, Incomplete Application Reply to Missing Parts to Deposit Acct. No.: 20-0809 under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Thompson Hine LLP 2000 Courthouse Plaza N.E., 10 West Second Street, Dayton, Ohio 45402-1758 Signature Printed name Steven J. Elleman Date Reg. No. 41,733 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Steven J. Elleman Typed or printed name

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PTO/SB/17 (12-04)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		. I Aı	pplication Number				
FEE TRANSMITTAL			iling Date	07/02	07/02/2003		
For FY 2005		Fi	irst Named Invento	r Rimba	Rimback et al.		
Applicant claims small entity status. See 37 CFR 1.27		— <u></u> E	xaminer Name	Robe	rt W. Gibson		
		Aı	Art Unit 3634				
TOTAL AMOUNT OF PAYMENT (\$) 950.00		At	ttorney Docket No	48334	483345-538		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 20-0809 Deposit Account Name: Thompson Hine LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO	information and authorization on PTO-2038.						
FEE CALCULATION			-				
1. BASIC FILING, SEARCH, A		ES					
FILI	NG FEES S Small Entity	SEARCH			ON FEES		
Application Type Fee	\$) Fee (\$) F	ee (\$)	mall Entity Fee (\$)		all Entity Fee (\$)	Fees Paid (\$)	
Utility 300	150	500	250	200	100		
Design 200	100	100	50	130	65 -		
Plant 200	100 3	300	150	160	80 -		
Reissue 300	150 5	500	250	600	300 -		
Provisional 200	100	0	0	0	0 -		
2. EXCESS CLAIM FEES Small Entity							
Fee (\$) Fee (\$)							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100							
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180							
Total Claims 49 Extra C	lalms Fee (\$)	Fee Pale	d (\$) M	ultiple Dep	endent Claims		
_5920 or HP = 10		500		Fee (\$)	Fee Pald	(\$)	
HP = highest number of total claims paid for, if greater than 20 Indep. Claims 7 Extra Claims Fee (\$) Fee Paid (\$)							
6 -2 or HP = 0	x 200 =	0					
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Two month extension of time 450.00							

SUBMITTED BY			
Signature	Dollar	Registration No. (Attorney/Agent) 41,733	Telephone 937.443.6838
Name (Print/Type)	Steven J. Elleman		Date //6/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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